

**POST OFFICE  
TO ADDRESSEE**



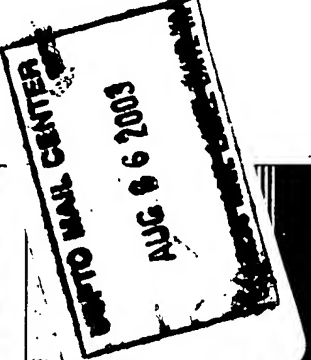
UNITED STATES POSTAL SERVICE™



\*E61521297005\*

<b>ORIGIN (POSTAL USE ONLY)</b>		<b>DELIVERY (POSTAL USE ONLY)</b>	
PO Zip Code	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Delivery Attempt Mo. Day Time AUG 28 2003 AM	Employee Signature
Day In	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
Time In	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
Weight	1st Alpha Country Code	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
No Delivery	Acceptance Clerk Initials	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
Flat Rate Envelope	Postage	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
Return Receipt Fee	COD Fee	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature
Insurance Fee	Total Postage & Fees	Delivery Date Mo. Day Time AUG 28 2003 AM	Employee Signature

<b>CUSTOMER USE ONLY</b>	
FROM: (PLEASE PRINT)	TO: (PLEASE PRINT)
HOWEY SIMON ARNOLD & WHITE LLP 301 PAVENSWOOD AVE	Commodore for Pat Box 1450 Alexandria, VA 223
PHONE	PHONE
Customer Signature	Customer Signature



FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov

Addresssee Copy Label 11-F July 1997



STATES POSTAL SERVICE®

8308232 U.S. MAIL

**IMELY URGENT**

Please Rush To Addressee

**RGENTE**



\*E V 3 0 9 7 6 1 5 4 6 U S \*

FOR PICKUP OR TRACKING CALL 1-800-222-1811  
Para recolección o localización, llame al 1-800-222-1811

Addressee Copy  
Label 11-F June 2002



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature		
Date In	Mo. Day Year	<input type="checkbox"/> First <input type="checkbox"/> Second	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
Mo. Day Year	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	<input type="checkbox"/> 1st Day <input type="checkbox"/> 2nd Day	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
Weight	Imperial Country Code	Imperial Country Code	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
Weight	Imperial Country Code	Imperial Country Code	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
No Delivery	Acceptance Clerk Initials	Acceptance Clerk Initials	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
No Delivery	Acceptance Clerk Initials	Acceptance Clerk Initials	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		
No Delivery	Acceptance Clerk Initials	Acceptance Clerk Initials	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Time		

CUSTOMER USE ONLY	
FROM: (PLEASE PRINT)	TO: (PLEASE PRINT)
PHONE	PHONE
FEDERAL AGENCY AGENCY NO. OR POSTAL SERVICE AGENCY NO.	
FEDERAL AGENCY AGENCY NO. OR POSTAL SERVICE AGENCY NO.	
FEDERAL AGENCY AGENCY NO. OR POSTAL SERVICE AGENCY NO.	

EXPRESS MAIL LABEL DATE IN

EXPRESS MAIL LABEL DATE IN

For EMCA

Adhiera sello o franqueo por máquina en el área indicada en la esquina superior derecha.  
Para EMCA o agencia del gobierno, escriba el número de cuenta en la etiqueta.

Remove label backing and adhere over these instructions. Be sure to remove the Express Mail number from the backing and retain for your records.



STATES POSTAL SERVICE®

**EMELY URGENT**

**RGENTE**

Please Rush To Addressee

FOR PICKUP OR TRACKING CALL 1-800-222-  
Para recolección o localización, llame al 1-800-222-



Addressee Copy  
Label 11-F June 2002



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code		Flat Rate Envelope		Delivery Attempt		Employee Signature	
<input type="checkbox"/> First <input type="checkbox"/> Second		<input type="checkbox"/> Postage		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Date In		Return Receipt		Delivery Date		Employee Signature	
Mo. Day Year		Mo. Day Year		Mo. Day Year		Mo. Day Year	
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Weight		COD Fee		Delivery Date		Employee Signature	
Lbs. Ozs.		Insured Value		Delivery Date		Employee Signature	
No Delivery		Acceptance Clerk Initials		Delivery Date		Employee Signature	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Total Postage & Fees		Delivery Date		Employee Signature	
CUSTOMER USE ONLY				CUSTOMER USE ONLY			
METHOD OF PAYMENT				METHOD OF PAYMENT			
Express Mail Corporate Acct. No.				Express Mail Corporate Acct. No.			
FROM: (PLEASE PRINT)				TO: (PLEASE PRINT)			
PHONE				PHONE			
22001, 0119; B-60656;				USPTO MAIL CENTER			
4K-769; 2036/211-50;				AUG 2 6 2003			
2941/211-50; 0800P3254D				EXPRESS MAIL LABEL DATE IN			

PRESS HARD.  
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.COM

For EMCA

FORMA DE PAGO

Adhiera sello o franqueo por máquina en el área indicada en la esquina superior derecha.  
Para EMCA o agencia del gobierno, escriba el número de cuenta en la etiqueta.

Remove label backing and adhere over these instructions. Be sure to remove the  
Express Mail number from the backing and retain for your records.



UNITED STATES POSTAL SERVICE®

**IMELY URGENT**

Please Rush To Addressee

**RGENTE**

FOR PICKUP OR TRACKING CALL 1-800-222-1811

Para recolección o localización, llame al 1-800-222-1811



\*EV309761546US\*

Addressee Copy  
Label 11-F June 2002



Post Office To Addressee

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery	Flat Rate Envelope	Delivery Attempt	Time	Employee Signature		
Date In	<input type="checkbox"/> Home <input type="checkbox"/> Second	<input type="checkbox"/> Postage	Mo. Day	AM PM	Employee Signature		
Mo. Day Year	<input type="checkbox"/> 1st House <input type="checkbox"/> 3 PM	<input type="checkbox"/> Return Receipt	Delivery Attempt	Time	Employee Signature		
Time In	<input type="checkbox"/> Military	<input type="checkbox"/> End Day	Mo. Day	AM PM	Employee Signature		
Weight	<input type="checkbox"/> Int'l Alpha Country Code	<input type="checkbox"/> 2nd Day	Delivery Date	Time	Employee Signature		
lbs. ozs.	Acceptance Clerk Initials	<input type="checkbox"/> No Delivery	Mo. Day	AM PM	Employee Signature		
No Delivery	<input type="checkbox"/> Holiday	<input type="checkbox"/> COD Fee	WARRANT OF SIGNATURE (Domestic Only) Additional Permitted Addressee is valid if addressee or addressee's agent (if delivery employee's signature and addressee's location) and 1 authorizes that delivery employee's signature constitutes valid proof of delivery.				
CUSTOMER USE ONLY	<input type="checkbox"/> Holiday	Total Postage & Fees	NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday				
METHOD OF PAYMENT	Express Mail Corporate Acct. No.		Customer Signature				

FROM: (PLEASE PRINT) PHONE: TO: (PLEASE PRINT) PHONE:

22001, 0119; 4-80656;  
HK-769; 2036/211-53;  
2941/211-55; OR3032540

EXPRESS MAIL LABEL RATE IN

USPTO MAIL CENTER

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

For EMCA

FORMA DE PAGO

Adhiera sello o franqueo por máquina en el área indicada en la esquina superior derecha.  
Para EMCA o agencia del gobierno, escriba el número de cuenta en la etiqueta.

3. ATTACH LABEL

Remove label backing and adhere over these instructions. Be sure to remove the Express Mail number from the backing and retain for your records.

